Questions for your Insurance Provider

These questions will help you understand how best to take advantage of your health insurance benefits. Most of these questions can be answered with a quick 10 minute call to your insurance company. Start by calling the Customer Service/Member Services number on the back of your insurance card.

✓ What are my behavioral health benefits for
  □ individual counseling
  □ psychiatrist appointments

✓ What is my co-pay for
  □ individual counseling
  □ psychiatrist appointments

✓ How much is my deductible, and does it apply to individual counseling? If it does, have I met my deductible this year?

✓ Do I have session limits for counseling?

✓ Do I need to get pre-authorized before I meet with a counselor?

✓ Can you offer me some in-network referrals in my area?

Behavioral health care is a term used by insurance companies to describe all kinds of mental health services (mostly individual counseling and psychiatry, but also couples therapy, group therapy, substance abuse treatment, and some hospitalizations).

A co-payment (co-pay for short) is a set fee for appointments, usually much lower than the full cost of treatment. Your co-pay for counseling or psychiatry may be different than your co-pay for visits to your family doctor.

An insurance deductible describes how much money you need to pay before your insurance company begins covering your health care. For most health services, you will need to pay the full cost of treatment until the annual deductible is met. Depending on your specific plan, the deductible may not apply to behavioral health care, and your insurance company may cover your counseling treatment right away.

Depending on your specific insurance plan and the type of treatment you are seeking, you may need to get pre-authorized (pre-certified), or approved, by your insurance company before you receive coverage.

Health care providers that are in your insurance company’s network of coverage will be the lowest cost for you.